

PATHWAY II COVER SHEET

TEMPORARY COACHING LICENSE / PROFESSIONAL COACHING CERTIFICATE

Addendum to online application - Please complete this form and return to the Section VIII office with copies of **all** required paperwork attached. Materials submitted without this form **CANNOT** be processed.

Name: _____ SSN: _____
 Address: _____
 Phone: _____ E-mail: _____
 District: _____ Sport: _____ Season: _____

I have completed an online application for a: (check one)

Temporary Coaching License *

Temporary Coaching License (renewal) *

Professional Coaching Certificate

Professional Coaching Certificate (renewal)

* Please check this box to indicate that your Dist. Superintendent has completed the Superintendent's statement **(for temporary coaching license ONLY)**. *Submission of the packet without the statement will result in the return of your documents and delay the processing of the application.*

SEC. VIII Office Use ONLY

I am submitting the following to complete my online application: (check all that apply)

Requirements for first-time coaching applicants (initial application)

- First Aid (must be updated every three years)
- CPR (must be updated every two years)
- Completion of Identification and Reporting of Child Abuse Certification
- Completion of School Violence Prevention and Intervention (SAVE) Certification
- DASA Training (must be on file for all applicants, eff. 1/14)
- Fingerprint Clearance

Requirements for second-year coaches (first renewal)

- Valid First Aid and CPR

Requirements for third-year coaches (second renewal), fourth-year coaches (third renewal) and fifth-year coaches (fourth renewal) [2nd-4th renewals]

- Valid First Aid and CPR
- NFHS Accredited Interscholastic Coach Certificate (AIC – Level 1)

Professional Coaching Certificate (good for three years; sport-specific)

- Valid First Aid and CPR
- NFHS Accredited Interscholastic Coach Certificate (AIC – Level 1)
- NFHS Certified Athletic Coach Certificate (CIC – Level 2)
- Internship (30 hours) [Attach Coaching Internship Attestation form]
- Verification of three years of coaching

COACHES - please complete, attach documentation and return to your Athletic Director's office
 ATHLETIC OFFICES – please have the Superintendent's statement completed and submit entire packet to:

**Karen Wohlrab • Sec. VIII Interscholastic Athletics • Nassau BOCES Admin. Center
 71 Clinton Road • Garden City, NY 11530**